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Boston Medical Center Turns to Lawyers for a Cure

By CAREY GOLDBERG

BOSTON, May 15 — A doctor gets very tired of this kind of thing: sending a child with asthma home to an apartment full of roaches and mold; telling the parents of an anemic toddler to buy more and healthier food when they clearly do not have a cent; seeing babies who live in unheated apartments come in again and again with lung ailments.

At Boston Medical Center, the hospital that treats more poor people than any other in Massachusetts, pediatricians got so tired of it that they decided to try a radical solution: getting their own lawyers.

That is, a staff of three lawyers, right in the hospital — and on "walk-in Mondays," right in the pediatrics clinic — now fights the legal and administrative battles that the doctors deem necessary to improve children's health in ways that pills and surgery cannot. The program, which goes far beyond the social work that hospitals customarily provide, is all but unique nationwide, but doctors here say they hope it becomes a model.

"We're trying to think out of the box," said Dr. Barry Zuckerman, the hospital's chief of pediatrics. "I want an impact on the whole child, since you can't separate out a child's organ functions from the rest of his body and the context of his environment."

That means that the lawyers of the Family Advocacy Program at the hospital do things like pressuring recalcitrant landlords, helping families apply for food stamps and persuading insurance companies to pay for baby formula. With more than 300 referrals a year, they cannot go to court much, but they can help poor families navigate the administrative byways. And they can help doctors make phone calls or write letters to get their small patients what they need.

Among other things, "we help doctors put things in legalese," said Ellen Lawton, a staff lawyer and project director. "They don't teach that in medical school."

That helps the doctors, and the doctors help the lawyers through the medical lefthand they can throw behind a legal or administrative request.

When a doctor writes a letter about a child's need for, say, special education classes or a mold-free apartment, "it's not as confronta-



Pamela C. Tames is one of three staff lawyers with the Family Advocacy Program, which offers legal aid to patients at the Boston Medical Center.

tional," Ms. Lawton said. "It's like, 'This is what the kids need for their health,' and 'who's going to argue with that?'"

The Boston Medical Center lawyers knew of just one other full-fledged program like theirs, a new one in Hartford run at Connecticut Children's Medical Center, in partnership with the Center for Children's Advocacy at the University of Connecticut Law School. There, said the advocacy center's director, Martha Stone, "it took a while for medical personnel to exactly understand the concept of the medical-legal partnership project, because lawyers make people nervous."

"So," Ms. Stone said, "they had to overcome the bias that we were in there looking at malpractice issues. We were in there doing poverty issues which would affect health outcomes. So it's taken a lot of education on the part of the lawyer to have the medical staff understand."

At Boston Medical Center, where

the Family Advocacy Program has run since 1993, the program is well accepted by now but is still exploring ways to help poor families and looking for ways to expand. The walk-in lawyers' hours began just this winter, for example, and have found plenty of takers.

One recent Monday, the mother of a diabetic girl stopped in to see Pamela C. Tames, a staff lawyer, about an administrative hearing scheduled for the next day on whether her daughter should qualify for federal disability money. The girl's diabetes was still poorly regulated; said the mother, who would not let her name be used, and she frequently had to miss school and stay in bed when her blood-sugar levels went bad. The mother, who is on welfare, had no lawyer of her own and had been denied requests for disability.

"They say being diabetic is not a disability," she said. "I think it is a disability if a mother has to stay at home and come get the child from

school if the child constantly gets sick."

She came to the law clinic, the mother said, "because I need to know how to represent my case."

Ms. Tames told her how, beginning with the suggestion that she get an extension from the judge so she could present her case better.

In many ways, the lawyers at the medical center act as typical legal services lawyers, but they describe various forms of synergy with the doctors they help. For one thing, doctors, they say, have become more willing to ask patients questions like, "Do you have enough food?" now that they have lawyers who can help if the answer is no.

Before, Ms. Lawton said, "they didn't want to screen for something they could do nothing about."

The Family Advocacy Program, said its director, Jean Zotter, is meant to work as preventive medicine; it can catch problems early because patients' families are more likely to confide troubles to doctors than to agency bureaucrats, and to trust the information they receive in a clinic, she said.

"Traditional medicine can treat the effects of poverty," Ms. Zotter said, "but this is a program that hopes to intervene so that poverty won't have the effects it has on children's health."

The greatest challenge for would-be imitators of the program, its lawyers say, is probably getting financing for such a hybrid organism. The Boston program costs about \$175,000 a year; it is paid for mainly by city money for welfare-to-work transitions, because it helps many families trying to cross that bridge. The Connecticut program, which has one staff lawyer, got a three-year, \$260,000 grant from the Hartford Foundation for Public Giving.

But Dr. Zuckerman has been known to unleash national phenomena before. He founded Reach Out and Read, a program beloved of the Clinton and Bush White Houses alike, which makes books a part of pediatric care. It gives children a new book at each checkup and has spread to hundreds of pediatric clinics around the country.

"I don't see what I'm doing with these nontraditional programs as just add-ons," Dr. Zuckerman said. "What I'm trying to do is change pediatric care so it can have more of an impact."